

FOIA MARKER

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Series/Staff Member: General Files
Subseries:

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Folder Title:
USDA/AmeriCorps - Clinton Library Copies - FY96 4th Quarter Progress Reports - TX-VA [Texas-Virginia] [6]

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Withdrawal/Redaction Sheet

Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|--------------------------|---|------------|-------------|
| 001. report | [Personally Identifiable Information] [partial] (9 pages) | 08/15/1996 | b(6) |

COLLECTION:

Clinton Presidential Records
 AmeriCorps
 General Files
 OA/Box Number: 24240

FOLDER TITLE:

USDA/AmeriCorps-Clinton Library Copies-FY96 4th Quarter Progress Reports-TX-VA [Texas-Virginia] [6]

2013-0661-F
rs3824

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

August 27, 1996

TO: Jim Anderson, AmeriCorps Project Director, RD, Virginia

FROM: Joel Berg, USDA Director of National Service JB

SUBJECT: Year-to-Date Data on Objectives and Member Forms

Attached is a "year-to-date" progress report showing accomplishments on objectives through the third quarter report. **This data, plus the fourth quarter data, will be provided to members of Congress representing your state and to your agency leaders. It is imperative that the information reflected in this report be as accurate as possible.** The report also shows the degree to which you have accomplished your objectives which were agreed to at the beginning of this program year.

I ask that you carefully review this report. Review each objective with the following items in mind:

1. **Accuracy of the data.** This information will be shared with many different groups, and it is important to be accurate in our reporting as well as getting credit for all the great work you have done during the year.

2. **Completion of community service objectives.** One way to determine the successful completion of objectives is to measure accomplishments against the target quantity measurement which you established at the beginning of the year. The table below gives you a snapshot picture of your accomplishments through the third quarter. The last five columns reflects your work measured against the target quantity.

| SITE # | NUMBER OF OBJECTIVES | NUMBER OF OBJECTIVES EXCEEDED | NUMBER OF OBJECTIVES AT 100% | NUMBER OF OBJECTIVES 50-100% COMPLETE | NUMBER OF OBJECTIVES 0-50% COMPLETE | NO TARGET QUANTITY |
|--------|----------------------|-------------------------------|------------------------------|---------------------------------------|-------------------------------------|--------------------|
| P51A | 4 | 2 | 2 | GREAT JOB | | |
| R51B | 2 | | | | 2 | |
| | | | | | | |

3. **Program codes.** Review the program code for each of your objectives. Please be sure that the data you are recording for quantity matches the quantity for that program code. For example, the quantity measurement for program code R026A is the number of homes repaired. Your data must reflect the actual number of people homes actually repaired. If you are counting something other than the quantity measurement for the code, please indicate exactly what you are counting.

4. **Congressional Districts.** Please indicate in which Congressional District(s) the work was actually accomplished. This will let us be very specific to Members of Congress as to what work was done in their district.

5. **Volunteers.** Please explain what the volunteers have done with your AmeriCorps members. Also ensure that the volunteer numbers you have been providing to us each quarter is for the quarter **only**, not cumulative for the year.

Your assistance in this reporting enables us to meet our legal obligations as well as providing us with the necessary information to promote our USDA AmeriCorps program to all interested parties. Providing this data in an accurate and timely manner is one of your most important duties as an AmeriCorps Project Director.

Member Forms

A review of your member forms reveals that your forms are up-to-date. Great job.

If you have any questions or problems, please contact Dee DiFiore at (202) 690-3051 or Ron DeMunbrun at (202) 690-3894.

Thank you for your cooperation on this matter.

Attachment

cc:

Jim Coyle, AmeriCorps Project Director, RD

Dave Gibson, AmeriCorps Project Director, RD

USDA AMERICORPS - 95ADFDC047XXXX

8/27/96
2:11 pm

FIRST THREE QUARTERS' PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
BY STATE AND PROGRAM (OBJECTIVE) CODE

| State | OP Site | Obj No. | PGM Code | Obj/Impact Statement | Year's QTY Target | QTY Unit of Measure | FIRST 3 QTR's Quantity | PERCENT COMPLETE |
|-------|---------|---------|----------|---|-------------------|-------------------------------|------------------------|------------------|
| VA | P51A | | EN-E097A | Wells drilled | 5 | wells - drilled | 5 | 100.00 % |
| VA | P51A | | EN-R019A | Septic systems installed | 8 | people - aided | 8 | 100.00 % |
| VA | P51A | 1 | EN-R026A | Assistance provided in obtaining repairs for home health & safety hazards | 25 | homes - repairs | 29 | 116.00 % |
| VA | P51A | 2 | EN-R027A | Outreach for new home ownership programs | 50 | families - new home ownership | 75 | 150.00 % |

USDA AMERICORPS - 95ADDFDC047XXXX

8/27/96
2:11 pm

FIRST THREE QUARTERS' PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
BY STATE AND PROGRAM (OBJECTIVE) CODE

| State | OP Site | Obj No. | PGM Code | Obj/Impact Statement | Year's QTY Target | QTY Unit of Measure | FIRST 3 QTR's Quantity | PERCENT COMPLETE |
|-------|---------|---------|----------|---|-------------------|-------------------------------|------------------------|------------------|
| VA | R51B | 2 | EN-R038A | Design and build a program for school and after-school children | 250 | people - after school program | 0 | 0.00 % |
| VA | R51B | 1 | EN-R039A | Provide a program for at-risk out-of-school youth | 50 | youth - mentored | 0 | 0.00 % |



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First Second Third Fourth
(10/1 - 12/31) (1/1 - 3/31) (4/1 - 6/30) (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Virginia
3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION: (Make Corrections if Necessary)

4. Contact Name: _____ Jim Anderson _____
RECD State Office Last
1606 Santa Rosa Rd, #238
Richmond, VA 23229
5. Title: _____

6. Address: _____
street, number, and PO (if applicable)

_____ City _____ State _____ Zip

7. Telephone number: 804-287-1554
8. Fax number: 804-287-1785
9. E-Mail Address (if any): A07JC Andersn

Withdrawal/Redaction Marker

Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|--------------------------|---|------------|-------------|
| 001. report | [Personally Identifiable Information] [partial] (9 pages) | 08/15/1996 | b(6) |

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VA [Texas-Virginia] [6]

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and his advisors, or between such advisors [(a)(5) of the PRA]
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b(1) National security classified information [(b)(1) of the FOIA]
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of gift.

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2201(3).

RR. Document will be reviewed upon request.

8/15/96

10. MEMBER DATA:

OP SITE ID: P51A

Site Supervisor: Dwight Pierson
Agency/Org Name: RECD/RHCDS
City: Gate City, VA

PHONE: 540-386-3119

FAX: 5403862533

STATE: VA

No. of Members Allocated by USDA: 1

| Member Name | SSN | SER STAT | PGM STAT | TRT STAT | HOURS | | | | Total |
|---------------|--------|-------------|-------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| | | | | | 1st Rpt | 2nd Rpt | 3rd Rpt | 4th Rpt | |
| BAILEY, PAULA | (b)(6) | F | A | I | 518 484 | 520 496 | 520 512 | 230 230 | 1556 1712 |
| Total Hours: | | | | | | | | | 1556 1712 |

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 1

No. of Members for Whom Forms Have NOT Been Recieved*: 0

REMEMBER THAT THE TOTAL NUMBER OF HOURS FOR EACH MEMBER SHOULD BE THE HOURS SERVED AND NOT INCLUDE THE HOURS FOR PERSONAL LEAVE (40) AND HOLIDAYS (72). IF YOU HAVE BEEN COUNTING THESE IN THE FIRST 3 QUARTERS, PLEASE ADJUST THE 4TH QUARTERS HOURS SO THAT THE TOTAL IS AT LEAST 1700 OF SERVICE (assuming the person was full-time and successfully completed the program.) You can have more than 1700 hrs for a total just be sure all the hours were service hours. Thank You

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

11. Please list the total number of **volunteers** who took part in activities which were sponsored or organized by all the Members in the state during this period.

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|-----------|-----------|-----------|-----------|
| <u>0</u> | <u>20</u> | <u>16</u> | <u>16</u> | <u>52</u> |

12. Please list the total number of **hours of community service** completed by the volunteers cited above during this period.

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|-----------|------------|------------|------------|
| <u>0</u> | <u>90</u> | <u>198</u> | <u>340</u> | <u>628</u> |

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. **Original Community Service Objectives:** Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objectives listed. **You need to fill in the column marked "4th QTR Quantity" and the column marked "4th QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site.** Each chart should have the following columns:

"State" - The standard two-letter code for your state

"Obj No" - Each community service objective for each site is assigned an individual number

"Op Site" - Each site's unique operating site identification

"PGM Code" - Each type of service has been assigned a unique code to describe that type of service. See the appendix to this report entitled "Community Service PGM Code List"

"Obj/Impact Statement" - A few words verbally summarizing the community service objective

"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"4th QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring *quality* of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"4th QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

8/15/96

QUESTION 13. PROGRESS TOWARDS ACOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Under "4th QTR Quantity" enter the amount of work done in the fourth quarter. Do the same for "4th QTR Success".)

Remember, since this is the last or final report, there should be no objectives with a zero entered in quantity or success, if a zero was entered for the first Three quarters. (See your last quarterly report) If you have objectives that you could not do anything on please explain why.

| State | OP Site | Obj No. | PGM Code | Obj/Impact Statement | Year's | | 4th QTR Quantity | Year's | | 4th QTR Success | |
|-------|---------|---------|----------|---|------------|-------------------------------|------------------|----------------|-----------------|--|------|
| | | | | | QTY Target | Unit of Measure | | Success Target | Unit of Measure | | |
| VA | P51A | | EN-E097A | Wells drilled | 5 | wells - drilled | 3 | 60% | 100 | % of owners satisfied with work | 100% |
| VA | P51A | | EN-R019A | Septic systems installed | 8 | people - aided | 2 | 25% | | % meeting codes | |
| VA | P51A | 1 | EN-R026A | Assistance provided in obtaining repairs for home health & safety hazards | 25 | homes - repairs | 6 | 24% | 100 | % of repairs meeting building codes | 100% |
| VA | P51A | 2 | EN-R027A | Outreach for new home ownership programs | 50 | families - new home ownership | 19 | 38% | 10 | Number of people obtaining new homes = 6 | 60% |

8/15/96

R51B

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Under "4th QTR Quantity" enter the amount of work done in the fourth quarter. Do the same for "4th QTR Success".)

Remember, since this is the last or final report, there should be no objectives with a zero entered in quantity or success, if a zero was entered for the first Three quarters. (See your last quarterly report) If you have objectives that you could not do anything on please explain why.

| State | Site | Obj No. | PGM Code | Obj/Impact Statement | Year's | | 4th QTR Quantity | Year's | | 4th QTR Success |
|-------|------|---------|----------|---|------------|-------------------------------|------------------|----------------|--|-----------------|
| | | | | | QTY Target | QTY Unit of Measure | | Success Target | Success Unit of Measure | |
| VA | R51B | 1 | EN-R039A | Provide a program for at-risk out-of-school youth | 50 | youth - mentored | ★ | | % of youth who complete program | |
| VA | R51B | 2 | EN-R038A | Design and build a program for school and after-school children | 250 | people - after school program | ★ | 95 | % of parents who rate programs as valuable | 95% |

★ The AmeriCorps member worked with an advisory committee of parents and members of the community to complete the design, guidelines and plans for the preschool and after school program. Funds have been obtained by the Enterprise Community to implement the program. The Advisory Committee and VESEEHC are now searching for possible sites to implement the programs. Once implemented, the program will benefit over 250 children.

15. **Community Service Objectives Narrative (optional):** If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.

P51A: In addition to providing improved living conditions for the occupants of the housing units repaired or built, the program provides local communities a larger tax base and makes the community a more attractive place to live.

R51B: Formed a group of diverse community representatives for an advisory committee to design this program. Men and women from all walks of life came together to design and recommend the program, attend monthly meetings and commit to implementing the program.

16. **Community Building Objectives Narrative (optional):** Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built long term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.

P51A: The program has made contractors, non-profit citizen and government agencies more aware of available resources to resolve their own problems. Both the physical structures that were repaired or built and the experience gained by the individuals aided will last years longer than the term of the AmeriCorps member.

B: Several community members worked with the AmeriCorps member to design a program specifically for their neighborhood.

17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

P51A: The AmeriCorps program has been of great benefit to the member. She will be attending pharmacy graduate this fall. The education award will help pay the tuition expenses.

R51B: AmeriCorps member began to understand the low income community and worked diligently to educate and uplift community residents that she worked with. She also attended a college course and training that helped her better understand and work with the community.

SECTION V - SUCCESS STORIES:

18. **Unique Successes or Great Stories :** Briefly describe one or two unique and/or exceptional success stories, a program highlight, or a 'great story' from your state. Please explain any instance in which AmeriCorps Members recruited non-AmeriCorps community volunteers for projects. Please include all media coverage, including original newspaper clips, videotapes of TV coverage, and cassette tapes of radio coverage; any letters of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

PSIA:

The success story this quarter is about a 85 year old, blind lady who was in desperate need of a bathroom on the first floor of her home. She was not able to go up the stairs to use the bathroom. The loan and grant to install a bathroom was funded this quarter and the repairs have been completed.

SECTION VI - CHALLENGES

19. **Difficulties Faced by the Program:** Use this section to report on any problems your Members have encountered in the program this period. These should be significant issues which were related to achieving objectives, significant delays in implementation, administrative problems, or any other expectations, events or incidents that have caused the Members concern. State the problem concisely and how the issue has, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

No Significant Problem - Internet Access would have been of benefit.

SECTION V - GENERAL INFORMATION

20. **National Identity Activities (OPTIONAL):** Please describe any activities undertaken by Members that fostered the national identity of AmeriCorps. These could include joint service activities, meetings with other AmeriCorps projects, national telephone conference calls, use of Internet to communicate with other sites, etc.

R51B: AmeriCorps member helped coordinate and work with Volunteers for Communities a student volunteer group working with distressed communities.

21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter.

None

22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.

National training session should be held as early in the fiscal year as possible

23. **Primary Training and Technical Assistance Needs (OPTIONAL):** Please specify precisely what kind of staff or Member training or other technical assistance can be provided by USDA, the Corporation for National Service, or other sources to improve your projects.

USDA was extremely helpful in providing training and assistance

{END OF REPORT}



UNITED STATES DEPARTMENT OF AGRICULTURE

MEM / VOL 16 / Nov 198

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First Second Third Fourth
(10/1 - 12/31) (1/1 - 3/31) (4/1 - 6/30) (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Virginia

3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION: (Make Corrections if Necessary)

4. Contact Name: _____ Jim Anderson _____
RECD State Office Last
1606 Santa Rosa Rd, #238
Richmond, VA 23229

5. Title: _____

6. Address: _____
street, number, and PO (if applicable)

City State Zip

7. Telephone number: 804 - 287 - 1554

8. Fax number: 804 - 287 - 1785

9. E-Mail Address (if any): A07JC Anderson

6/04/96

10. MEMBER DATA:

OP SITE ID: P51A

Site Supervisor: Dwight Pierson

PHONE: 540-346-2021 ³⁸⁶⁻³¹¹⁹

STATE: VA

Agency/Org Name: RECD/RHCDS

FAX: 540-346-1807

City: Gate City, VA

³⁸⁶⁻²⁵³³

No. of Members Allocated by USDA: 1

| Member Name | SSN | SER STAT | PGM STAT | TRT STAT | HOURS | | | | Total |
|---------------|-----------|-------------|-------------|-------------|------------|------------|------------|------------|---------------------------------|
| | | | | | 1st Rpt | 2nd Rpt | 3rd Rpt | 4th Rpt | |
| BAILEY, PAULA | S. (b)(6) | F | A | A | 516 | 520 | <u>520</u> | | 1036 ¹⁵⁵⁶ |

Total Hours:

~~1036~~ ¹⁵⁵⁶

* The number of Members allocated should equal the number of active members, those members whose trust status is "A" and whose Program Status is "A". If your report shows five members with "A" "A" status and yet you only have four active members, this means you have not submitted an end of term of service form for the member for the member who is no longer active. Conversely, if your report shows five members with an "A" "A" status and you actually have six members active, you have not submitted an enrollment form for the active member whose name is not shown on this report. If that is the case, list the names, SSN, Status and hours of the missing members on this sheet and send the enrollment forms to the USDA Director of National Service. If enrollment form was sent directly to the Corporation, send copies to the USDA Director of National Service immediately. If you have replaced members be certain to indicate whether the replacements are full or part-time [NOTE: The USDA Director of National Service must approve conversion of full-time slots to part-time slots IN ADVANCE.]

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

6/04/96

10. MEMBER DATA:

OP SITE ID: R51B

Site Supervisor: Lenora Mitchell

PHONE: 804-442-4509

STATE: VA

Agency/Org Name: The Economic Empowerment & Housing Co

FAX: 8044427530

City: Nassawadox, VA

No. of Members Allocated by USDA: 2

| Member Name | SSN | SER STAT | PGM STAT | TRT STAT | HOURS | | | | Total |
|-----------------|---|-------------|-------------|-------------|------------|------------|------------|--------------|------------------------|
| | | | | | 1st Rpt | 2nd Rpt | 3rd Rpt | 4th Rpt | |
| MAPP, CHRISTINE | D. (b)(6) | F | A | A | 346 | 415 | <u>472</u> | | 761 1233 |
| TOWNSEND, KEVIN | L. (b)(6) | F | E | C | 177 | 0 | <u>0</u> | | 177 |
| | | | | | | | | Total Hours: | 938 1410 |

* The number of Members allocated should equal the number of active members, those members whose trust status is "A" and whose Program Status is "A". If your report shows five members with "A" "A" status and yet you only have four active members, this means you have not submitted an end of term of service form for the member for the member who is no longer active. Conversely, if your report shows five members with an "A" "A" status and you actually have six members active, you have not submitted an enrollment form for the active member whose name is not shown on this report. If that is the case, list the names, SSN, Status and hours of the missing members on this sheet and send the enrollment forms to the USDA Director of National Service. If enrollment form was sent directly to the Corporation, send copies to the USDA Director of National Service immediately. If you have replaced members be certain to indicate whether the replacements are full or part-time [NOTE: The USDA Director of National Service must approve conversion of full-time slots to part-time slots IN ADVANCE.]

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11. Please list the total number of **volunteers** who took part in activities which were sponsored or organized by all the Members in the state during this period.

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|-----------|-----------|-------------|-------------|
| <u>0</u> | <u>20</u> | <u>16</u> | <u> </u> | <u> </u> |

12. Please list the total number of **hours of community service** completed by the volunteers cited above during this period.

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|-----------|------------|-------------|-------------|
| <u>0</u> | <u>90</u> | <u>198</u> | <u> </u> | <u> </u> |

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. **Original Community Service Objectives:** Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objectives listed. **You need to fill in the column marked "3rd QTR Quantity" and the column marked "3rd QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site.** Each chart should have the following columns:

"State" - The standard two-letter code for your state

"Obj No" - Each community service objective for each site is assigned an individual number

"Op Site" - Each site's unique operating site identification

"PGM Code" - Each type of service has been assigned a unique code to describe that type of service. See the appendix to this report entitled "Community Service PGM Code List"

"Obj/Impact Statement" - A few words verbally summarizing the community service objective

"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"3rd QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring *quality* of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"3rd QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

6/04/96

P51A

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Under "3rd QTR Quantity" enter the amount of work done in the third quarter. Do the same for "3rd QTR Success".)

| State | Site | Obj No. | PGM Code | Obj/Impact Statement | Year's | | Year's | | 3rd QTR Success | 3rd QTR Success |
|-------|------|---------|----------|---|------------|-------------------------------|------------------|--------|-----------------|--|
| | | | | | QTY Target | Unit of Measure | 3rd QTR Quantity | Target | | |
| VA | P51A | 1 | EN-R026A | Assistance provided in obtaining repairs for home health & safety hazards | 25 | homes - repairs | 15 | 60% | 100% | % of repairs meeting building codes <u>1/</u> 100% |
| VA | P51A | 2 | EN-R027A | Outreach for new home ownership programs | 50 | families - new home ownership | 33 | 66% | 100% | ^{Families} Number of people obtaining new homes = 8 80% |

1/ In addition, Three homes had septic systems installed benefitting 8 people and five wells were installed which directly benefitted 9 people.

6/04/96

R51B

QUESTION 13. PROGRESS TOWARDS ACOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Under "3rd QTR Quantity" enter the amount of work done in the third quarter. Do the same for "3rd QTR Success".)

| State | OP Site | Obj No. | PGM Code | Obj/Impact Statement | Year's QTY Target | Unit of Measure | 3rd QTR Quantity | Year's Success Target | Success Unit of Measure | 3rd QTR Success |
|-------|---------|---------|----------|--|-------------------|-------------------------------|------------------|-----------------------|--|-----------------|
| VA | R51B | 1 | EN-R039A | Provide a program for at-risk out-of-school youth | 50 | youth - mentored | 0 | 40 | % of youth who complete program | 80% |
| VA | R51B | 2 | EN-R038A | Design and build a program for ^{pre} school and after-school children | 250 | people - after school program | 0 | 95 | % of parents who rate programs as valuable | 0 |

A draft of the program has been completed and an advisory committee of parents and members of the community has been formed to implement the children's service program for pre-school and after-school children. Once implemented the program will benefit up to 250 children.

15. **Community Service Objectives Narrative (optional):** If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.
16. **Community Building Objectives Narrative (optional):** Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built long term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.
17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

PSIB Member has formed an advisory committee of 13 members of residents from both Accomack and Northampton Counties for the purpose of formulating a children's services program for pre-school and after-school children. A draft of the proposed program has been completed.

Member has successfully completed Spring Semester at ODU/Teletechnet earning 6 semester credits with a grade point average of 3.20; and one Summer Session earning 3 semester credits (grade not available at this time). Working toward earning a B.S. in Human Services Counseling which will aid in working with residents to access needed community services.

15. **Community Service Objectives Narrative (optional):** If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.
16. **Community Building Objectives Narrative (optional):** Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built-long term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.
17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

SECTION V - SUCCESS STORIES:

18. **Unique Successes or Great Stories :** Briefly describe one or two unique and/or exceptional success stories, a program highlight, or a 'great story' from your state. Please explain any instance in which AmeriCorps Members recruited non-AmeriCorps community volunteers for projects. Please include all media coverage, including original newspaper clips, videotapes of TV coverage, and cassette tapes of radio coverage; any letters of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

^{SIA}
P15A: The success story this quarter involves a 73 year old woman, who did not have a septic system, had an unreliable source of water, and a leaking roof. Her loan and grant was funded this quarter and all of the repairs have been completed. The roof has been repaired and a spring box and septic system have been installed.

SECTION VI - CHALLENGES

19. **Difficulties Faced by the Program:** Use this section to report on any problems your Members have encountered in the program this period. These should be significant issues which were related to achieving objectives, significant delays in implementation, administrative problems, or any other expectations, events or incidents that have caused the Members concern. State the problem concisely and how the issue has, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

SECTION V - GENERAL INFORMATION

20. **National Identity Activities (OPTIONAL):** Please describe any activities undertaken by Members that fostered the national identity of AmeriCorps. These could include joint service activities, meetings with other AmeriCorps projects, national telephone conference calls, use of Internet to communicate with other sites, etc.

^{SIA}
~~P15A~~: The AmeriCorps member attended the Virginia Service Corps Conference. Diverse groups of Virginia AmeriCorps members came together and had meetings. The members went out into the community and worked on project sites. One site involved packaging food for the local S.H.A.R.E food bank program. The other site involved helping to build a trail in one of the local parks. Approximately, 80 volunteers took part. The member also participated in the Inter Corp Council meeting.

21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter.

None

22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.

23. **Primary Training and Technical Assistance Needs (OPTIONAL):** Please specify precisely what kind of staff or Member training or other technical assistance can be provided by USDA, the Corporation for National Service, or other sources to improve your projects.

{END OF REPORT}

OK

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First (10/1 - 12/31) Second (1/1 - 3/31) Third (4/1 - 6/30) Fourth (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Virginia

3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION: (Make Corrections if Necessary)

4. Contact Name:

Jim Anderson
RECD State Office
1606 Santa Rose Road, #238
Richmond VA 23229

Last

5. Title: _____

6. Address: _____

street, number, and PO (if applicable)

City

State

Zip

7. Telephone number: 804-287-1554

8. Fax number: 804-287-1785

9. E-Mail Address (if any): !A07JC Anderson

3/14/96

10. MEMBERS DATA:

done

OP SITE ID: R51B
STATE: VA

Site Supervisor: Lenora Mitchell
Agency/Org Name: The Economic Empowerment & Housing Co
City: Nassawadox, VA

PHONE: 804-442-4509
FAX: 8044427530

No. of Members Allocated by USDA: 2

| Member Name | SSN | SER STAT | PGM STAT | TRT STAT | HOURS | | | | Total |
|-----------------|-----------|-------------|-------------|-------------|------------|------------|------------|------------|-------|
| | | | | | 1st Rpt | 2nd Rpt | 3rd Rpt | 4th Rpt | |
| MAPP, CHRISTINE | D. (b)(6) | F | A | A | 346 | 415 | | | 761 |
| Townsend, Kevin | L. (b)(6) | F | E* | C | 177 | 0 | 0 | 0 | 177 |
| Total Hours: | | | | | | | | | 938 |

No. of Members Allocated by USDA: 2

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 1

No. of Members for Whom Forms Have NOT Been Recieved*: 1

ENTER the number of vacancies that you intend to fill in the next reporting period: 0

ENTER the number of vacancies you intend to relinquish for the program year: 1

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

* Townsend resigned effective 12/9/95

3/14/96

10. MEMBER DATA:

OP SITE ID: P51A

Site Supervisor: Dwight m. Pierson

Margaret Miner

PHONE: 5403462021

Agency/Org Name: RECD/RHEDSRHS

FAX: 5403461807

STATE: VA

City: Jonesville

, VA

Gate City

No. of Members Allocated by USDA: 1

done

| Member Name | SSN | SER STAT | PGM STAT | TRT STAT | HOURS | | | | Total |
|---------------|-----------|-------------|-------------|-------------|------------|------------|------------|------------|------------------------|
| | | | | | 1st Rpt | 2nd Rpt | 3rd Rpt | 4th Rpt | |
| BAILEY, PAULA | S. (b)(6) | F | A | A | 516 | <u>520</u> | | | 1036 516 |
| Total Hours: | | | | | | | | | 1036 516 |

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 1

No. of Members for Whom Forms Have NOT Been Recieved*: 0

ENTER the number of vacancies that you intend to fill in the next reporting period: 0

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

11. Please list the total number of **volunteers** who took part in activities which were sponsored or organized by all the Members in the state during this period.

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|-----------|----------|----------|-------|
| _____ | <u>20</u> | _____ | _____ | _____ |

12. Please list the total number of **hours of community service** completed by the volunteers cited above during this period.

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|-----------|----------|----------|-------|
| _____ | <u>90</u> | _____ | _____ | _____ |

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. **Original Community Service Objectives:** Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objectives listed. **You need to fill in the column marked "1st QTR Quantity" and the column marked "1st QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site.** Each chart should have the following columns:

"State" - The standard two-letter code for your state

"Obj No" - Each community service objective for each site is assigned an individual number

"Op Site" - Each site's unique operating site identification

"PGM Code" - Each type of service has been assigned a unique code to describe that type of service. See the appendix to this report entitled "Community Service PGM Code List"

"Obj/Impact Statement" - A few words verbally summarizing the community service objective

"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"1st QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring *quality* of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"1st QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

3/14/96

QUESTION 13. PROGRESS TOWARDS ACCOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Fill in All Blank Columns or Those with Question Marks. Use the Attached Blank Form to Enter New Objectives.)

As you are aware, one of the key pieces of information you are to provide with this 2nd QTR progress report is whether or not you intend to renew this site for the next program year beginning approximately Sept/Oct 1996. If you intend to renew this site for the next program year, indicate whether the objectives listed below will remain the same for the next year's program. If they will remain the same write OK next to them, if one will not be an objective to be performed at this site for next year, write the word DELETE next to it. If you are proposing one or more new objectives for this site identify them using the format attached to question 14. You may write them on this sheet (be sure to include quantity and quality measures) or you may use a separate piece of paper BUT be certain you clearly identify the operating site to which they belong.

| State | OP Site | Obj No. | PGM Code | Obj/Impact Statement | Year's | | 2 nd QTR | | Year's | | 2 nd QTR |
|---|---------|---------|--------------------------|---|------------|----------------------------------|----------|----------------|--|---------|----------|
| | | | | | QTY Target | QTY Unit of Measure | Quantity | Success Target | Success Unit of Measure | Success | |
| VA | R51B | 2 | EN-R038 <i>Delete</i> | Design and build a program for school and after-school children | 250 | number of people using programs | | 95 | % of parents who rate programs as valuable | | |
| <p>The objective this fiscal year is to design and evaluate a program for pre-school and after school programs to benefit 250 children per year. This program will offer tutoring and provide educational opportunities to foster healthy development. An advisory group of parents have been established to review, evaluate and approve the design of the program. Once plan is implemented, 250 children each year will benefit from the services provided by the program.</p> | | | | | | | | | | | |
| VA | R51E | 1* | R-039 <i>OK</i> | Provide a program for <i>at-risk</i> and out of school youth | 50 | number of youth in program | | 40 | number who are retained and complete the program | | |
| VA | R51B | 3 | R-063 <i>New</i> | Design and build a program for senior daycare services and in-home services | 200 | number of seniors reached | | 75 | % rating program as beneficial | | |
| VA | R51B | 2A | R-038 <i>New</i> | Implement program for school and after school children | 250 | number of children using program | | 75 | % completeing program | | |
| VA | P51A | 1 | EN-R026 <i>OK</i> | Assistance provided in obtaining repairs for home health & safety hazards | 25 | homes repaired | 7 | 28% | 100 % of repairs meeting building codes | | 100% |
| VA | P51A | 2 | EN-R027 <i>OK</i> | Outreach for new home ownership programs | 50 | people receiving outreach | 24 | 48% | 10 <i>Families</i> Number of people obtaining new homes | | 100% |

* This objective was assigned to Kevin Townsend who resigned effective 12/9/95.

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

Use this section to report progress towards completing additional new objectives --- those objectives in addition to the main objectives of each project listed on the proceeding page. Please fill in all columns for all objectives. It is important to make sure that each objective is listed with its own "OP site" (Operating site) code; this ensures that we know precisely what service is performed at each site. Please fill in all columns for each objective. Under "Obj No.," please give each new objective a number different from the number used for any of the objectives on the proceeding page. Under "PGM Code", please use a one-letter and three-digit code to describe the service from the code list provided at the end of this report. Under "Obj/Impact statement," provide a several-word summary of the nature of the service project -- this verbal summary should roughly match the "PGM Code" listed in the previous column. Under "Year's QTY Target," provide a hard number for the people or things aided. Under "Target Unit of Measurement," specify what unit of measure was used in the previous column -- such as miles, number of people served, acres, etc. Under "1st QTR Quantity," provide a hard number indicating progress towards the "Year's QTY Target" that was accomplished during this reporting period. Under "Year's Success Target," provide a hard number for a way of measuring how well the service was provided. Under "Successes Unit of Measure," specify exactly what the number in the previous column meant. Under "1st QTR Success," provide a hard number indicating progress towards the "Year's Success Target" that was accomplished during this reporting period.

| State | Op Site | Obj No. | PGM Code | Obj/Impact statement | Year's QTY Target | QTY Unit of Measure | 1st QTR Quantity | Year's Success Target | Success Unit of Measure | 1st QTR Success |
|-------|---------|---------|---------------------|---|-------------------|----------------------------------|------------------|-----------------------|--------------------------------|-----------------|
| VA | R51B 3 | | R-063 <i>new</i> | Design and build a program for senior daycare services and in-home services | 200 | number of seniors reached | | 75 | % rating program as beneficial | |
| VA | R51B 2A | | R-038 <i>new</i> | Implement program for school and after school children | 250 | number of children using program | | 75 | % completeing program | |

We request to renew the 3 AmeriCorps positions approved in FY 1996.

15. **Community Service Objectives Narrative (optional):** If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.

PSIA During the third quarter, in addition to the repairs covered in Objective #1, two more homes had indoor plumbing installed and septic systems installed. This has been of direct benefit to six people in the households.

16. **Community Building Objectives Narrative (optional):** Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built long term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.

17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

RSIB Member has become more involved in community activities. Spent several days working with a group of student volunteers in a working class community painting a house. The member because of this involvement will ~~see~~ work with the Community Development Division of VESEHC, to coordinate a group of local volunteers targeting women and youth.

SECTION V - SUCCESS STORIES:

18. **Unique Successes or Great Stories** : Briefly describe one or two unique and/or exceptional success stories, a program highlight, or a 'great story' from your state. Please explain any instance in which AmeriCorps Members recruited non-AmeriCorps community volunteers for projects. Please include all media coverage, including original newspaper clips, videotapes of TV coverage, and cassette tapes of radio coverage; any letters of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

PSIA One of the success stories this quarter involves a family of tenant farmers. The elderly family consists of the husband, wife, and an unmarried son. The family was forced to leave the home they occupied when the owner of the farm decided to sell the property. The families income was very low and they were unable to get the credit they needed to purchase a home of their own. After several months in the application process, and in the construction of their new home, I am pleased to announce that the family has just moved into their new home. If it had not been for the 502 program, this family may have been without any place to live.

PSIA The other success story involves a 72 year old woman. The woman's well went dry and she was having barrels of water delivered to her home by the local fire department every week. The AmeriCorp worker helped the applicant through the entire application, loan, and grant process; and I am pleased to announce the elderly woman has a new well and pump. So, she no longer has to carry water into her home.

SECTION VI - CHALLENGES

19. **Difficulties Faced by the Program**: Use this section to report on any problems your Members have encountered in the program this period. These should be significant issues which were related to achieving objectives, significant delays in implementation, administrative problems, or any other expectations, events or incidents that have caused the Members concern. State the problem concisely and how the issue has, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

PSIA The only difficulty encountered during this quarter was delays in the completion of several repair jobs, due to the extreme weather conditions. This accounts for the lack of repairs to homes being completed in the second quarter.

SECTION V - GENERAL INFORMATION

20. **National Identity Activities (OPTIONAL):** Please describe any activities undertaken by Members that fostered the national identity of AmeriCorps. These could include joint service activities, meetings with other AmeriCorps projects, national telephone conference calls, use of Internet to communicate with other sites, etc.

Paula Bailey

PSIA The AmeriCorp member attended the Synergy Conference with the Cluster group in Louisville, Kentucky. The members actually went out into the community and performed work at various service project sites. Some of the sites included: The Salvation Army, Boys and Girls Clubs, Missions, and other non-profit organizations.

21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter.

There were no organizational changes in the program this quarter.

22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.

23. **Primary Training and Technical Assistance Needs (OPTIONAL):** Please specify precisely what kind of staff or Member training or other technical assistance can be provided by USDA, the Corporation for National Service, or other sources to improve your projects.

{END OF REPORT}

Christine Mapp



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First (10/1 - 12/31) Second (1/1 - 3/31) Third (4/1 - 6/30) Fourth (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Virginia

3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION: (Make Corrections if Necessary)

4. Contact Name: _____
Jim Anderson Last

5. Title: _____
RECD State Office
1606 Santa Rose Road, #238
Richmond VA 23229

6. Address: _____
street, number, and PO (if applicable)

City State Zip

7. Telephone number: 804-287-1554

8. Fax number: 804-287-1785

9. E-Mail Address (if any): A07JCAndersn

2/05/96

10. MEMBER DATA:

OP SITE ID: R51B

Site Supervisor: Lenora Mitchell

PHONE: 804-442-4509

Agency/Org Name: The Economic Empowerment & Housing Co

FAX: 8044427530

STATE: VA

City: Nassawadox, VA

No. of Members Allocated by USDA: 2

| Member Name | SSN | SER STAT | PGM STAT | TRT STAT | HOURS | | | | Total |
|-------------------|--------|-------------|-------------|-------------|------------|------------|------------|------------|-------|
| | | | | | 1st Rpt | 2nd Rpt | 3rd Rpt | 4th Rpt | |
| Christine D. Mapp | (b)(6) | | | | 346 | | | | 346 |

No. of Members Allocated by USDA: 2

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 0

No. of Members for Whom Forms Have NOT Been Recieved*: 2*

ENTER the number of vacancies that you intend to fill in the next reporting period: 0

ENTER the number of vacancies you intend to relinquish for the program year: 1

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

* Form have been sent

11. Please list the total number of volunteers who took part in activities which were sponsored or organized by all the Members in the state during this period.

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|----------|----------|----------|-------|
| <u>2</u> | _____ | _____ | _____ | _____ |

12. Please list the total number of hours of community service completed by the volunteers cited above during this period. (In question 18, briefly explain what these volunteers accomplished)

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|----------|----------|----------|-------|
| _____ | _____ | _____ | _____ | _____ |

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. **Original Community Service Objectives:** Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objective listed. You need to fill in the column marked "1st QTR Quantity" and the column marked "1st QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site. Each chart should have the following columns:

"State" - The standard two-letter code for your state

"Obj No" - Each community service objective for each site is assigned an individual number

"Op Site" - Each site's unique operating site identification

"PGM Code" - Each type of service has been assigned a unique code to describe that type of service. See the appendix to this report entitled "Community Service PGM Code List"

"Obj/Impact Statement" - A few words verbally summarizing the community service objective

"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"1st QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring quality of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"1st QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

If you had any activities other than on the Attached list, call me (804-287-1554) for the PGM Code of that activity.

2/06/96

QUESTION 13. PROGRESS TOWARDS ACHIEVING ORIGINAL COMMUNITY SERVICE OBJECTIVES

(Fill in ALL Blank Columns or Those with Question Marks. Use the Attached Blank Form to Enter New Objectives.)

| State | OP Site | Obj No. | PCN Code | Obj/Impact Statement | Year's QTY Target | QTY Unit of Measure | 1 st QTR Success Quantity | Year's Success Target | Success Unit of Measure | 1 st QTR Success |
|-------|---------|---------|----------|---|-------------------|---------------------------------|---------------------------|-----------------------|--|------------------|
| VA | R518 | 2 | R038 | Design and build a program for school and after-school children | 250 | number of people using programs | 0 | 95 | % of parents who rate programs as valuable | 0 |

15. **Community Service Objectives Narrative (optional):** If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.

16. **Community Building Objectives Narrative (optional):** Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built long term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.

R51B

The AmeriCorp worker's efforts to survey current and potential service providers resulted in at least one individual being assisted in expanding her current child care business through VESEEHC's microenterprise program. Another individual who planned to begin operation of a child care facility decided to wait and return to school for additional child development and related courses, after being advised by the Volunteer that data received from the needs assessment indicated that users of these services wanted a comprehensive program, not just a baby sitting service. The advisory committee assembled by the Volunteer has brought together unprecedented representation from the community, and the public and private sectors.

17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

R51B

The AmeriCorps member has been provided the opportunity to work on a project that will be beneficial to the community, once its brought to fruition, i.e. expanding existing preschool, after school care and day care programs, and development of an adult day care center. An added benefit is that of being able to continue working towards a B.A. degree in the human services field. The member has become involved in community activities through her work at VESEEHC, joining the Community Organizing Committee and working with a community group, assisting them in coordinating activities for a volunteer program and the production of a newsletter.

SECTION V - SUCCESS STORIES:

18. **Unique Successes or Great Stories :** Briefly describe one or two unique and/or exceptional success stories, a program highlight, or a 'great story' from your state. Please explain any instance in which AmeriCorps Members recruited non-AmeriCorps community volunteers for projects. Please include all media coverage, including original newspaper clips, videotapes of TV coverage, and cassette tapes of radio coverage; any letters of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

R51B

The AmeriCorps member will be interviewed on Monday 2/26/96 via phone from the Washington Post regarding the opportunity to attend Old Dominion University's Teletechnet courses offered at the local community college. THE benefit is two-fold, firstly, that it is offered through ODU and secondly, that the member has been afforded this opportunity to attend these classes through the AmeriCorps program.

SECTION VI - CHALLENGES

19. **Difficulties Faced by the Program:** Use this section to report on any problems your Members have encountered in the program this period. These should be significant issues which were related to achieving objectives, significant delays in implementation, administrative problems, or any other expectations, events or incidents that have caused the Members concern. State the problem concisely and how the issue has, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

R51B

Member needed access to the Internet, saving a vast amount of time in collecting data and establishing contacts with resource organizations and agencies. VESEHC is investigating the cost of getting all computers in the office on line, but it may not happen soon enough to benefit our member. There is one computer on-line, but member dose not have access to it, during regular work hours.

The Apple Computer that the member is using is not compatible to any other computers in the office and does not have the necessary programs to expedite member's work. This problem has not been addressed, because there is no more money budgeted for computers this fiscal year.

SECTION V - GENERAL INFORMATION

20. **National Identity Activities (OPTIONAL):** Please describe any activities undertaken by Members that fostered the national identity of AmeriCorps. These could include joint service activities, meetings with other AmeriCorps projects, national telephone conference calls, use of Internet to communicate with other sites, etc.

21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter.

R51B

There have been no changes organizational changes this quarter.

22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.

23. **Primary Training and Technical Assistance Needs (OPTIONAL):** Please specify precisely what kind of staff or Member training or other technical assistance can be provided by USDA, the Corporation for National Service, or other sources to improve your projects.

{END OF REPORT}

Kevin Townsend



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First (10/1 - 12/31) Second (1/1 - 3/31) Third (4/1 - 6/30) Fourth (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Virginia

3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION:

(Make Corrections if Necessary)

4. Contact Name: _____

Jim Anderson
RECD State Office
1606 Santa Rose Road, #238
Richmond VA 23229

Last

5. Title: _____

6. Address: _____
street, number, and PO (if applicable)

City

State

Zip

7. Telephone number: 804-287-1554

8. Fax number: 804-287-1785

9. E-Mail Address (if any): A07JCAndersn

2/05/96

10. MEMBER DATA:

OP SITE ID: R51B

Site Supervisor: Lenora Mitchell

PHONE: 804-442-4509

STATE: VA

Agency/Org Name: The Economic Empowerment & Housing Co

FAX: 8044427530

City: Nassawadox, VA

No. of Members Allocated by USDA: 2

| Member Name | SSN | SER STAT | PGM STAT | TRT STAT | HOURS | | | | Total |
|----------------|--------|-------------|-------------|-------------|------------|------------|------------|------------|-------|
| | | | | | 1st Rpt | 2nd Rpt | 3rd Rpt | 4th Rpt | |
| Kevin Townsend | (b)(6) | | | | 163 | 0 | 0 | 0 | 163* |

Resigned on 12/9/95 - Forms have been sent to Washington

No. of Members Allocated by USDA: 2

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 0

No. of Members for Whom Forms Have NOT Been Recieved*: 2 *

ENTER the number of vacancies that you intend to fill in the next reporting period: 0

ENTER the number of vacancies you intend to relinquish for the program year: 1

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

*Resignation and Exit
* Forms have been sent.*

Paula Bailey



UNITED
STATES
DEPARTMENT
OF AGRICULTURE

AmeriCorps *USA

USDA State Progress Report (CNS Grant No. 95ADFDC047)

1. Check this reporting period: First (10/1 - 12/31) Second (1/1 - 3/31) Third (4/1 - 6/30) Fourth (7/1 - 9/30)

SECTION I - STATE INFORMATION

2. State: Virginia

3. Agency: ARS NRCS Forest Service RECD FSA FCS

SECTION II - STATE CONTACT INFORMATION: (Make Corrections if Necessary)

4. Contact Name: _____
 Jim Anderson Last
 RECD State Office
 5. Title: _____ 1606 Santa Rose Road, #238
 Richmond VA 23229

6. Address: _____
 street, number, and PO (if applicable)

_____ City _____ State _____ Zip

7. Telephone number: 804-287-1554
 8. Fax number: 804-287-1785
 9. E-Mail Address (if any): A07JCAndersn

2/05/96

10. MEMBER DATA:

OP SITE ID: P51A

Site Supervisor:

~~Margaret~~ *Dwight Pierson*
~~Miner~~

PHONE: 540 ~~3462021~~ *386-3119*

STATE: VA

Agency/Org Name:

RECD/RHCDS

FAX: 540 ~~3461807~~ *386-2533*

City:

~~Jonesville~~ *Gate City*, VA *24251*

No. of Members Allocated by USDA: 1

| Member Name | SSN | SER STAT | PGM STAT | TRT STAT | HOURS | | | | Total |
|------------------------|--------|-------------|-------------|-------------|------------|------------|------------|------------|------------|
| | | | | | 1st Rpt | 2nd Rpt | 3rd Rpt | 4th Rpt | |
| <i>Paula S. Bailey</i> | (b)(6) | <i>F</i> | <i>A</i> | <i>A</i> | <i>516</i> | | | | <i>516</i> |

No. of Members Allocated by USDA: 1

No. of Active Members Whose Enrollment Forms were recieved at USDA (not including terminations): 0

No. of Members for Whom Forms Have NOT Been Recieved*: 1*

ENTER the number of vacancies that you intend to fill in the next reporting period: 0

ENTER the number of vacancies you intend to relinquish for the program year: 0

* If the number of Members allocated is greater than the number of forms received, there are four options: 1. There are Members enrolled in programs whose forms have not been submitted to the USDA Director of National Service. If that is the case, list the names, SSN, Status and hours of the missing members on the back of this sheet and send the enrollment forms to the USDA Director of National Service. 2. The enrollment forms were sent directly to the Corporation. If that is the case, send copies to the USDA Director of National Service immediately. 3. There are vacancies in your program you intend to fill in the next reporting period. If that is the case, enter the number of vacancies on the appropriate line. 4. There are vacancies that you can not fill and you are relinquishing them.

REMEMBER, MEMBERS WHOSE FORMS HAVE NOT BEEN RECEIVED AT USDA ARE NOT CONSIDERED ENROLLED IN THE PROGRAM AND THEIR BENEFITS (EDUCATION AWARD, ETC.) ARE JEOPARDIZED!!!

If the number of members for whom forms have been received is greater than the number of members allocated resulting in a negative number appearing in the "No. of Members for Whom Forms Have NOT Been Received" line, you have enrolled more members in your program than authorized. Please explain this over enrollment. It may be that some members have terminated, in which case, change their status on this form and submit the proper end of term of service form to the USDA Director of National Service.

** Forms have been Sent*

11. Please list the total number of **volunteers** who took part in activities which were sponsored or organized by all the Members in the state during this period.

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|----------|----------|----------|-------|
| 0 | _____ | _____ | _____ | _____ |

12. Please list the total number of **hours of community service** completed by the volunteers cited above during this period. (In question 18, briefly explain what these volunteers accomplished)

| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Total |
|----------|----------|----------|----------|-------|
| 0 | _____ | _____ | _____ | _____ |

SECTION IV - PROGRESS TOWARDS ACCOMPLISHING SERVICE OBJECTIVES:

13. **Original Community Service Objectives:** Attached are sheets summarizing the community service objectives that were originally approved for each operating site. In cases where a single objective may take an entire year to complete, that objective may have a sub-objective listed. **You need to fill in the column marked "1st QTR Quantity" and the column marked "1st QTR Success" --- as well as any column that is blank, has a zero, or has a question mark --- for EVERY operating site.** Each chart should have the following columns:

"State" - The standard two-letter code for your state

"Obj No" - Each community service objective for each site is assigned an individual number

"Op Site" - Each site's unique operating site identification

"PGM Code" - Each type of service has been assigned a unique code to describe that type of service. See the appendix to this report entitled "Community Service PGM Code List"

"Obj/Impact Statement" - A few words verbally summarizing the community service objective

"Year's QTY Target" - The year's numerical goal for the people or things to be aided

"Target Unit of Measurement" - The unit of measure used in the previous column

"1st QTR Quantity" - Provide a hard number indicating progress towards the "Year's QTY Target"

"Year's Success Target" - Number for a way of measuring *quality* of service provided --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"Success Unit of Measure" - Explanation of the number in the previous column --- if this column is blank, has a question mark, or has a zero, please replace it with the accurate information

"1st QTR Success" - Provide a hard number indicating progress towards the "Year's Success Target"

If you had any activities other than on the Attached list, call me (804-287-1554) for the PGM Code of that activity.

2/05/96



QUESTION 13. PROGRESS TOWARDS ACOMPLISHING ORIGINAL COMMUNITY SERVICE OBJECTIVES
(Fill in All Blank Columns or Those with Question Marks. Use the Attached Blank Form to Enter New Ojectives.)

| State | OP Site | Obj No. | PGM Code | Obj/Impact Statement | Year's | | Year's | | Success Unit of Measure | 1 st QTR Success |
|-------|---------|---------|----------|---|------------|---------------------------|-------------------|----------------|---|------------------|
| | | | | | QTY Target | QTY Unit of Measure | 1 st QTR Quantity | Success Target | | |
| VA | P51A | 1 | R026 | Assistance provided in obtaining repairs for home health & safety hazards | 25 | homes repaired | 7 | 28% | % of repairs meeting building codes | 100% |
| VA | P51A | 2 | R027 | Outreach for new home ownership programs | 50 | people receiving outreach | 18 | 36% | 10 Number of people obtaining new homes | 5 |

14. PROGRESS TOWARDS ACCOMPLISHING ADDITIONAL COMMUNITY SERVICE OBJECTIVES

Not applicable.

Use this section to report progress towards completing additional new objectives — those objectives in addition to the main objectives of each project listed on the preceding page. Please fill in all columns for all objectives. It is important to make sure that each objective is listed with its own "OP site" (Operating site) code; this ensures that we know precisely what service is performed at each site. Please fill in all columns for each objective. Under "Obj No.," please give each new objective a number different from the number used for any of the objectives on the preceding page. Under "PGM Code", please use a one-letter and three-digit code to describe the service from the code list provided at the end of this report. Under "Obj/Impact statement," provide a several-word summary of the nature of the service project — this verbal summary should roughly match the "PGM Code" listed in the previous column. Under "Year's QTY Target," provide a hard number for the people or things aided. Under "Target Unit of Measurement," specify what unit of measure was used in the previous column — such as miles, number of people served, acres, etc. Under "1st QTR Quantity," provide a hard number indicating progress towards the "Year's QTY Target" that was accomplished during this reporting period. Under "Year's Success Target," provide a hard number for a way of measuring how well the service was provided. Under "Successes Unit of Measure," specify exactly what the number in the previous column meant. Under "1st QTR Success," provide a hard number indicating progress towards the "Year's Success Target" that was accomplished during this reporting period.

| State | Op Site | Obj No. | PGM Code | Obj/Impact statement | Year's QTY Target | QTY Unit of Measure | 1st QTR Quantity | Year's Success Target | Success Unit of Measure | 1st QTR Success |
|------------------|---------|---------|----------|----------------------------------|-------------------|---------------------|------------------|-----------------------|-------------------------|-----------------|
| {SAMPLE:} | | | | | | | | | | |
| CA | YOSA | 18 | EN96 | Constructing whale nesting boxes | 3 | Boxes | 1 | 90 | % meeting stand. | 95% |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

15. **Community Service Objectives Narrative (optional):** If you feel it is necessary and/or helpful, you may use this space to describe in more detail accomplishments towards the original community service objectives reported in question 13 and/or your additional community service objectives reported in question 14. Please make sure you include the Operating Site ID Number in each narrative description so we can be clear which accomplishment is matched to which site.

In addition to the repairs covered in Objective #1, three of the seven homes rehabilitated also had indoor plumbing installed and septic systems improved. This has been of direct benefit to the five people in the households. It also reduces the amount of waste being released in creeks and/or streams.

16. **Community Building Objectives Narrative (optional):** Briefly describe how projects have brought together diverse groups of people, empowered communities to solve their own problems, built long term structures that will last beyond each AmeriCorps Member's term of service, and generally improved the abilities of local citizens to help improve their own lives.

N/A

17. **AmeriCorps Member Development Objectives Narrative (optional):** Briefly describe how the AmeriCorps Members themselves have benefited from serving in the program, particularly in regard to expanding their own educational opportunity and increasing their own ethic of personal responsibility. Describe specific skills learned by Members through either their service or training. Describe any Members that earned a GED or otherwise advanced their education. Describe any Members that left public assistance to join AmeriCorps. Relate how AmeriCorps allowed Members to continue college or graduate school. Describe how Members may have changed their ethic of work, citizenship, or community volunteerism.

Working as an AmeriCorp member will allow Paula Bailey to further her education, by helping to pay for graduate college this fall.

SECTION V - SUCCESS STORIES:

18. **Unique Successes or Great Stories** : Briefly describe one or two unique and/or exceptional success stories, a program highlight, or a 'great story' from your state. Please explain any instance in which AmeriCorps Members recruited non-AmeriCorps community volunteers for projects. Please include all media coverage, including original newspaper clips, videotapes of TV coverage, and cassette tapes of radio coverage; any letters of support or thank you letters; "before and after" photographs, brochures, posters, and newsletters created by the project; and other types of creative documentation.

The success story this quarter involves an elderly woman who is one-half Cherokee indian. The woman's house was in desperate need of repairs. The roof was falling down, and leaking severely. Also, several of the windows were so deteriorated they were ready to fall out of the house. The AmeriCorp worker helped the woman through the entire application process. We are pleased to report that all of the repairs were completed before the winter weather set in.

SECTION VI - CHALLENGES

19. **Difficulties Faced by the Program**: Use this section to report on any problems your Members have encountered in the program this period. These should be significant issues which were related to achieving objectives, significant delays in implementation, administrative problems, or any other expectations, events or incidents that have caused the Members concern. State the problem concisely and how the issue has, or has not been resolved. Be sure to outline the steps taken and identify any resources needed to assist in resolving the problem.

The only major problem faced by the AmeriCorp member this quarter was the closing of the Jonesville County office, and the re-location to the Gate City County office. It was an adjustment for everyone in the office. This problem was not a problem cause by the AmeriCorp program. It did cause a delay in the processing of applications since all the equipment and files were being packed for the move. This is no longer a problem, and everyone has adjusted to the move.

SECTION V - GENERAL INFORMATION

20. **National Identity Activities (OPTIONAL):** Please describe any activities undertaken by Members that fostered the national identity of AmeriCorps. These could include joint service activities, meetings with other AmeriCorps projects, national telephone conference calls, use of Internet to communicate with other sites, etc.

21. **Organizational Changes:** Please outline and describe any changes in your program's organization and/or structure during the quarter.

The official duty station at the Jonesville County office was re-located to the Gate City County office, and there was also a change in the site supervisor. The new supervisor is Dwight M. Pierson. As mentioned in question #19, this caused a small delay in application processing.

22. **Organizational Improvements (OPTIONAL):** Please write any suggestions by you, your Members, site managers, or anyone else regarding ways in which the USDA or CNS AmeriCorps program could be improved.

The only suggestion deals with the National office. If at all possible, the National training session should be administered during the first quarter of service.

23. **Primary Training and Technical Assistance Needs (OPTIONAL):** Please specify precisely what kind of staff or Member training or other technical assistance can be provided by USDA, the Corporation for National Service, or other sources to improve your projects.

USDA was extremely helpful in providing training and assistance in every way they possibly could.

{END OF REPORT}

Connie Deal
(312) 290 3399